Delbert Hosemann
SECRETARY OF STATE

FILE COPY

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

RECEIVED
FEB 07 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: TODD J. ECHELBERRY

Address: 578 MEADOW DR. d'IBERVILLE, MS 39540

Telephone: 228-447-4261 Fax: 228-447-4261

Treasurer: TOMMI ECHELBERRY Email: TOMMI.ECHE@CABLEONE.NET

☐ Check here if above is different from previous report

TYPE OF REPORT

____ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory

____ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only

X January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) — Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	$ Ø	+$	Ø	$	Ø	$ 900.00
Total amount of disbursements	$ 157.26	+$	Ø	$	157.26	$ 871.54
Total amount of cash on hand				$	28.46	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tommi Echelberry
Signature of Director or Treasurer

1-21-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

FILE COPY

Name of Candidate or Committee Todd J. Echelberry

Reporting period JAN 1, 2011 through DEC. 31 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Todd JEFFERY WEBER ECHELBERRY	__/__/__	$ Ø
Mailing Address: 578 MEADOW DRIVE	__/__/__	$
City, State, Zip Code: d'IBERVILLE, MS 39540	__/__/__	$
Name of Employer (Required): APCS	__/__/__	$
Occupation (Required): ADMINISTRATION ASSISTANT	Aggregate year-to-date	$ 800.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Todd J. Echelberry

Reporting period JAN 1, 2011 through DEC. 31, 2011

FILE COPY

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BIG "D" SIGNS		
Mailing Address: 684 ORCHARD DRIVE	__/__/__	$ Ø
City, State, Zip Code: d'IBERVILLE, MS 39540	__/__/__	$
Purpose of Disbursement (Optional): SIGNS	Aggregate Year-to-date	$ 278.20
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
OFFICE DEPOT		
Mailing Address: 2414 PASS ROAD	__/__/__	$ Ø
City, State, Zip Code: BILOXI, MS 39531	__/__/__	$
Purpose of Disbursement (Optional): PAPER / TONER PRODUCTS	Aggregate Year-to-date	$ 332.48
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
USPS		
Mailing Address: 356 GINGER DRIVE	__/__/__	$ Ø
City, State, Zip Code: d'IBERVILLE MS 39540	__/__/__	$
Purpose of Disbursement (Optional): STAMPS / MAILINGS	Aggregate Year-to-date	$ 103.60
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
KNIGHT ABBEY PRINTING AND DIRECT MAIL		
Mailing Address: 315 CAILLAVET STREET	1/20/11	$ 80.25
City, State, Zip Code: BILOXI, MS 39530	__/__/__	$
Purpose of Disbursement (Optional): DESIGN SERVICES	Aggregate Year-to-date	$ 80.25
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
FACEBOOK		
Mailing Address: 1601 S. CALIFORNIA AVE.	1/18/11	$ 77.01
City, State, Zip Code: PALO ALTO, CA 94304	__/__/__	$
Purpose of Disbursement (Optional): ADVERTISING FEE	Aggregate Year-to-date	$ 77.01
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$